MEDICINE TODAY

This department of California and Western Medicine presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to every member of the California, Nevada and Utah Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

Insomnia in Nervous and Mental Diseases.—Insomnia is one of the most common conditions we are called upon to treat. A symptom not a disease, insomnia may indicate much or little. As with any symptom, its presence must be accounted for. Resulting from mental and physical irritation, it is found associated with organic or functional disease, but is not pathognomonic of any one disease. Intelligent therapy must start with an accurate diagnosis of the underlying condition of which the insomnia is the surface indication. Should organic disease be found, therapy should be directed toward that condition, the insomnia treated symptomatically.

If a thorough search eliminates organic disease as a factor, one is justified in relating insomnia to a psychoneurosis or so-called functional disorder. One must go further than merely labeling the condition. The recognition of the emotional factors responsible for the psychoneurosis is essential in eliminating the end product—insomnia. Drug treatment of this type of insomnia often results in further trouble, for the patients of this group are extremely liable to form hypnotic drug habits. Nervous insomnia is not just sleeplessness, but sleeplessness on which fear and apprehension have been engrafted. Analysis of the cause of the psychoneurosis with reëducation of the patient mentally and physically, is the only legitimate and satisfactory method of cure. During the reëducational treatment, symptomatic use of hypnotics is permissible as a means to an end. The patient should not be discharged until he is sleeping well independently of medication.

There is a group of cases which are not organic in the sense that no pathologic changes are demonstrable and are not functional in the sense that they never become normal. In this group, which we call constitutional psychopathic individuals, are to be found the most intractable cases of insomnia and the greatest incidence of hypnotic drug habits. These patients are therapeutically impossible of cure, as is indicated by their name—constitutional psychopaths. The best the physician can hope for, as a rule, is temporary improvement. He must be careful that he does not leave his patients worse than before treatment by perhaps acquainting them with the temporary ease and satisfaction obtained by habit-forming drugs. Briefly, as we are and as our days are, so will our nights be.

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Experimental Scarlet Fever in Children.—Although the Dicks [1] allege the reproduction of scarlet fever in human volunteers by throat inoculations with hemolytic streptococci, the symptoms developed in the adult medical student used in their inoculation tests were so meager and so inconstant that Doctor Toyoda and his colleagues [2] of Darien, Manchuria, doubt if the Dicks have actually reproduced this infection. The Japanese investigators concluded that it was essential for them to produce "genuine scarlet fever" by human inoculations before they were justified in assuming that the Dick streptococcus is the causative agent of this disease. With a disregard for human life that is impossible in the Western world, the oriental investigators selected a dozen or more Dick-toxin-susceptible children, from three to seven years of age, and swabbed their throats with streptococci isolated from typical cases of scarlet fever. They allege the reproduction of typical scarlet fever of marked severity in these toxin-susceptible children, with subsequent typical alterations in skin reactivity (Dick reaction, Schultz-Charlton phenomenon), but fortunately with no fatalities.

The results of greatest interest, however, of these oriental observers are their comparisons of the relative infectivity of the various strains of hemolytic streptococci thus far tested by them. The first or "old strain" of Dick streptococcus had been cultivated for 150 generations in artificial culture media. This strain produced Dick-toxin in abundance, but gave no suggestion of scarlet fever in the five children inoculated with it. Two recently isolated strains, however, both produced typical scarlet fever, although their toxin production was not greater than that of the "old" culture. The "old" and "new" strains, however, did differ in infectivity for laboratory animals. The old culture required ten to fifty times the new culture M. L. D. to kill mice. The Japanese experimenters conclude from these tests that one of the essential factors in the etiology of scarlet fever is this high infectivity, which must supplement the power to produce Dick-toxin, in order to reproduce the disease.

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1 Dick, G. H., and Dick, G. F.: J. A. M. A., 81:1166, 1923.

2 Toyoda, T., Futagi, Y., and Okamoto, M.: J. Infect. Dis., 40:350, (April) 1931.